

ASS. REC. BY:

Tang JH

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. **MT/1149416-003**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S
	X

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Lim TS

Veh No: **SHD 3314J**Yr Regn: **2018, Oct.**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai Tonig**c.c. **1580**Colour **Blue**

A/C: Insured / Std / NI / NA

Sp. Reading _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KM M C S I C V R U 114995**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: **195/65R15**R: **225/65R15**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **Wothake**

Front

Rear

R/Bal. **6** mmR/Bal. **6** mmL/Bal. **6** mmL/Bal. **6** mm

D.O.A. _____

D.O.I. **01/11/21**Survey held at **Comfort Loggia**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Bathing week

COR I/s \$2250, 3 days.
red: 1720.86;43%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format :

Lump Sum / L.B. ()

Days Of Repair: **3**

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: 29.10.2021 (Friday)MODEL: Hyundai IoniqVEHICLE NO.: SHD3314JINSURANCE: NTUC (45)MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Boot Lid Emblem-Hybrid	1		\$24.30 ne
	Boot Lid Emblem-Ioniq	1		\$31.30 ne
	Rear Bumper	1		\$459.40 ne
	Rear Bumper Reinforcement	1		\$394.80 Com
	Rear Bumper Reinforcement Bracket (LH/RH)	2	\$138.10	\$276.20 ?
	Rear Bumper Reflector (LH/RH)	2	\$41.45 LH X	\$82.90 Rf X
	Rear Bumper Centre Moulding Assy	1		\$451.25 ne
	Rear Bumper Lower Centre Moulding Assy	1		\$155.00 X
	Rear Bumper Clips	10	\$2.20	\$22.00 ne
	Rear Bumper Fog Lamp	1		\$201.50 X
	Rear Bumper Towing Cover	1		\$98.80 X
	Rear Bumper Smart Key Antenna	1		\$40.50 ?
	SUB TOTAL			\$2,237.95
	LESS 20%			\$447.59
	DISCOUNTED TOTAL			\$1,790.36
	Boot Lid ComfortDelGro	1		\$35.00 ne
	Boot Lid 65521111	1		\$35.00 ne
	Boot Lid APPS	1		\$40.00 ne
	Rear Bumper Reverse Sensor	1		\$180.00 ne
	Rear No.Plake W/Trim Cover	1		\$55.00 ne
	S/NETT SUB			\$345.00
	LESS 10%			\$34.50
	S/NETT TOTAL			\$310.50
	Rear Fender Adv.Sticker RH/LH	2	\$100.00	\$200.00 Nett ne
	BootLid Adv.Sticker	1		\$100.00 Nett ne
	Rear Bumper Mat	1		\$50.00 Nett ne
	NETT TOTAL			\$350.00
	SPARE PARTS TOTAL			\$2,450.86
	Labour Charge			
	Panel Beating			\$800.00 525
	Spray Painting Charge			\$600.00 500
	Remove/Refix Reverse Sensor			\$120.00 30
	TOTAL LABOUR			\$1,520.00
	ESTIMATE TOTAL			\$3,970.86

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey

• This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor surveyor appointed by the insurance company.

- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Tanpin
97495449
WP 11/12/2020
c/s Resurvey after
report
Tanpin 11/12/2020
2-3 days.

um: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4135609

JC NO305492653

OMER
COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

REGN NO.: SHD3314J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 29.10.2021 13:05
YR OF MANU. 24.10.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU114995	COMPLETION DATE/TIME:

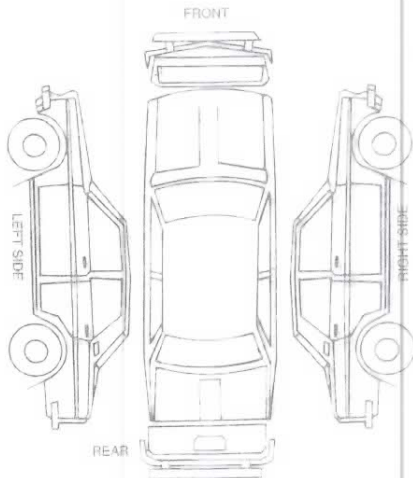
UNT CARD NO.

cident Date: 29.10.2021
TURE: 3P 29.10.2021

NO LABOR CODE
0010 PB

JOB DESCRIPTION

DESCRIPTION
PANEL BEATING-SHD3314J



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo: SHD3314J LIMITS

Vehicle No.: SHD3314J

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	29/10/2021 15:55 (SGT)
Date of Accident	29/10/2021 01:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3314J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96794880
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	ANG WHEE WAH
NRIC No	SXXXX032Z

Date Of Birth	09/08/1957
Occupation	Outdoor
Date Of Driving Pass	20/09/1977
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96794880
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 642 HOUGANG AVENUE 8
Address complement	#09-201
Postcode	530642
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 29/10/2021 AT AROUND 1110HRS, I VEHICLE A(SHD3314J) WAS TRAVELLING ALONG PIE TUAS AT AROUND 80KM/HR IN THE FIRST LANE. AS I WAS TRAVELLING, I SLOWED DOWN AS TRAFFIC AHEAD WAS SLIGHTLY CONGESTED. JUST AS I WAS SLOWING, VEHICLE B(SLD4223J) REAR ENDED ME. I DID NOT SUFFER ANY INJURIES AT THAT POINT BUT MY PASSENGER IS HURT AND WILL BE TAKING MC FOR THIS MATTER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD4223J
Vehicle Manufacturer	Honda

Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

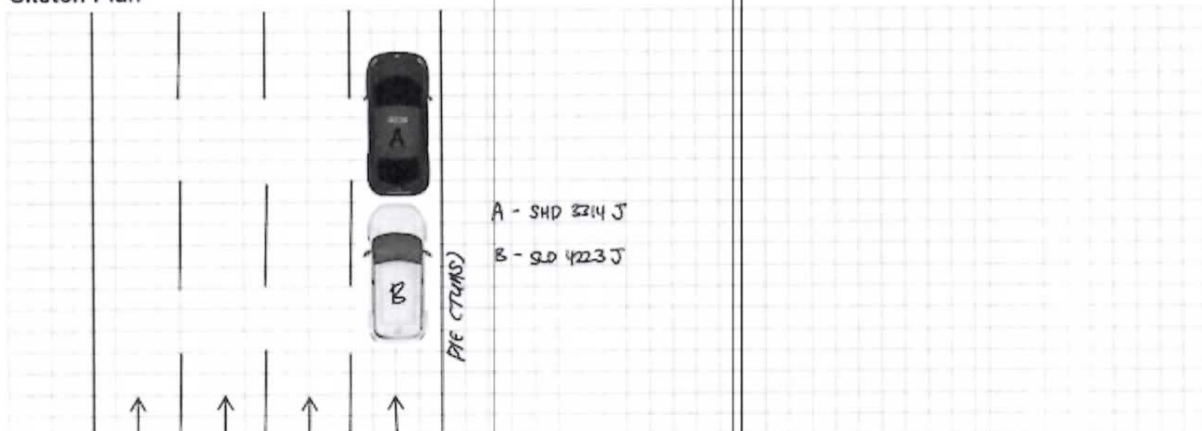
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
29/10/2021 1415

Witnessed by Reporting Centre Personnel

Dahmal

Sketch Plan



Describe Circumstances of the Accident

ON THE 29/10/2021 AT AROUND 1110HRS, I VEHICLE A(SHD3314J) WAS TRAVELLING ALONG PIE TUAS AT AROUND 80KM/HR IN THE FIRST LANE. AS I WAS TRAVELLING, I SLOWED DOWN AS TRAFFIC AHEAD WAS SLIGHTLY CONGESTED. JUST AS I WAS SLOWING, VEHICLE B(SLD4223J) REAR ENDED ME. I DID NOT SUFFER ANY INJURIES AT THAT POINT BUT MY PASSENGER IS HURT AND WILL BE TAKING MC FOR THIS MATTER.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Handwritten Signature]

29/10/2021 1415

[Handwritten Signature]

[Handwritten Signature]